

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6.300
0.48

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18402

State File No.

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY OR TOWN <u>Trenton</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Trenton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>2408 Chicago St.</u>		e. STREET ADDRESS (If rural, give location) <u>1520 CARNES ST. 04020</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FRANKIE</u>	b. (Middle) <u>Kidd</u>	c. (Last) <u>Whorton</u>	4. DATE OF DEATH (Month) <u>July</u> (Day) <u>4</u> (Year) <u>1951</u>
---	---------------------------	-------------------------	--------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT 6 1891</u>	9. AGE (In years last birthday) <u>63</u> 8 28
-----------------------------	--------------------------------------	--	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Jearoldstown, Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	---	--

13a. FATHER'S NAME <u>Thomas Crawford</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Armstrong</u>	14. NAME OF HUSBAND OR WIFE <u>Clarence Whorton</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Blanche Walsh</u> ADDRESS <u>Trenton, Mo.</u>
--	--------------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Leukemia (myelogenous)</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
--	---

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
-------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	---	-----------------------------------

22. I hereby certify that I attended the deceased from May 27, 1954 **to** July 4, 1953, **that I last saw the deceased alive on** July 3, 1953, **and that death occurred at** 152 m. **from the causes and on the date stated above.**

23a. SIGNATURE <u>E. A. Ruffey MD</u>	23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>July 5 1955</u>
--	---------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 7 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shelburne Cemetery</u>	24d. LOCATION (City, town, or county) <u>RF D Trenton, Mo</u> (State)
DATE REC'D BY LOCAL REG. <u>7-7-55</u>	REGISTRAR'S SIGNATURE <u>Irene Jar</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Borden Blackman</u>	ADDRESS <u>Trenton, Mo.</u>

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. 51 working under my personal supervision..

Student Claude H. Crandall
Signature of Student Embalmer

Signed Gordon Blackmer

Licensed Embalmer No. 460

P. O. Address Trenton, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.